STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KANSAS

State:	KANS	AS		
	ELIGIBILI	ry (CONDITIO	ONS AND REQUIREMENTS
Citation(s)			Conditi	ion or Requirement
	Α. (Gen	eral Con	nditions of Eligibility
	1	Eac	h indiv	idual covered under the plan:
42 CFR Part 435, Subpart G	:	1.	standa	ancially eligible (using the methods and rds described in Parts B and C of this ment) to receive services.
42 CFR Part 435, Subpart F	:	2.	Meets to	the applicable non-financial eligibility ions.
•	i	a.	For the	e categorically needy:
			(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
			(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act			(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.



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Supersedes MS-91-41 Approval Date JUN (1 1992 Effective Date 1-1-92

Revision: HCFA-PM-91 1991

(BPD)

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State/Territor	ry: Kansas
Citation	Condition or Requirement
	 For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. Is residing in the United States and
	a. Is a citizen;
	b. Is a qualified alien, as defined in section 431(b) of P.L. 104 193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
	Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under sections 402 and 403 of P.L. 104-193, including those who entered U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996
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TN No. MS-97-08 Supersedes	Approval Date MAY 0 1 1997 Effective Date 1-1-97

TN No.

Supersedes

TN No. <u>MS-97-08</u>

HCFA-PM-91-4 (BPD) August 1991

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OMB No.: 0938-

7-1-97

HCFA ID: 7983E

	State/Territory:		Kansas		
Citation				Conditions or Re	equirement
		43 eli	1(b) of P.L. 10 gible under the	4-193, or who is a	ent, as defined in section qualified alien but is not bove. (Coverage is ices.)
42 CFR 435.403 1902(b) of the Act	4.	indivi		ate, regardless of values	
		X	State has interstates:	rstate residency ag	reement with the following
			California Florida Iowa Kentucky	Ohio Pennsylvania New Mexico South Dakota	Tennessee Texas Wisconsin
			State has oper	n agreement(s).	
			Not applicable	e; no residency req	uirement.
•		4			

MS-97-15 Approval Date: DEC 1 6 1997 Effective Date:

Revision: HCFA-PM-91-ATTACHMENT 2.6-A (BPD) 1991 Page 3a OMB No.: 0938-Kansas State: Citation Condition or Requirement 5. a. Is not an inmate of a public institution. Public 435.1008 institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions. 42 CFR 435.1008 b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under 1905(a) of the age 22 receiving active treatment in an accredited Act psychiatric facility or program. Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan. 6. Is required, as a condition of eligibility, to 433.145 assign rights to medical support and to payments 435.604 1919 of the for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. / X/ Assignment of rights is automatic because of State law. 42 CFR 435.910 Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).

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So edes Approval Date MAY 2 2 1992
Effective Date JAN 0 1 1992

N NO. MS-91-41

Revision: HCFA-PM-91-8

October 1991

(MB)

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State/	Territory:
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Kansas

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(a)(I)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

- \overline{X} Assignment of rights is automatic because of State
- 42 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. MS-91-46 Supersedes TN No. MS-91-41

Approval Date __JAN 3 0 1992

Effective Date 10/01/91

Revision: HCFA-PM-91-4

HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.6-A Page 3b OMB No.: 0938-

State: Kansas

Citation Condition or Requirement 1902(c)(2) 8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act. 1902(e)(10)(A) 9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. and (B) of the Act (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.) 1906 of 10. Is required to apply for enrollment in an employerbased cost-effective group health plan, if such plan is the Act available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

HCFA-PM-91-8 October 1991 (MB)

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State/Territory:

Kansas

Citation

Condition or Requirement

1906 of the Act

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. MS-91-46 Supersedes TN No. Nothing

Approval Date JAN 2 0 1992

Effective Date 10/0/91

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4 OMB No.:0938-0673

Kansas State: _

Citation	Condition or Requirement						
В.	steligibility Treatment of Institutionalized Individuals' Incomes						
	 The following items are not considered in the posteligibility process: 						
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.						
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.						
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).						
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.						
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).						
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)						
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.						
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.						
TN No. 98 Supersedes	Approval Date APR 27 1998 Effective Date 1-1-98						

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HCFA-PM-97-2 December 1997 ATTACHMENT 2.6-A Page 4a OMB No.:0938-0673

State:	Kansas	
Diato.	` 	

Citation

Condition or Requirement

1924 of the Act 435.725 435.733

435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled:
Individuals \$ 30
Couples \$ 60

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:
Children \$ N/A
Adults \$ N/A

For the following persons with greater need:

Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A.</u>
 \$ 30

TN No	98	-0	3	
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Approval Date_

APR 27 1998

Effective Date 1-1-98

TN No. MS-91-41

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HCFA-PM-97-2 December 1997

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ATTACHMENT 2.6-A Page 4b OMB No.:0938-0673

State:	Kansas	
Ctutt.		

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No. 98-02 Supersedes	Approval Date	APR 27 1538	Effective Date_	1-1-98
TN No				
